

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
2 EASTERN DIVISION

3 - - -

4 ALISON O'DONNELL,

5 Plaintiff,
6 vs.

Case No. 1:16-cv-2450
Judge Donald E. Nugent

7 UNIVERSITY HOSPITALS
7 HEALTH SYSTEM, et al.,

8 Defendants.

9 - - -

10 DEPOSITION OF SUMANA NARASIMHAN, M.D.
11 Tuesday, August 29, 2017

12 - - -

13 The deposition of SUMANA NARASIMHAN, M.D.,
14 a Defendant herein, called for examination by
15 the Plaintiff under the Federal Rules of Civil
16 Procedure, taken before me, Diane M. Stevenson,
17 a Registered Diplomate Reporter, Certified
18 Realtime Reporter, and Notary Public in and for
19 the state of Ohio, pursuant to notice, at
20 Vorys, Sater, Seymour & Pease LLP, 200 Public
21 Square, Suite 1400, Cleveland, Ohio, commencing
22 at 6:45 p.m., the day and date above set forth.

23

24

25 Stevenson Reporting Service, Inc.
2197 Macon Court Westlake, Ohio 44145
 440.892.8600 diane@nls.net

1 that every Monday we had to do a presentation
2 to our faculty after being on call the previous
3 weekend, that weekend. So it is not an
4 unrealistic expectation at all.

5 Q. Did Dr. O'Donnell ever speak to you about you
6 assigning her a presentation and she didn't
7 know about it until very close in time?

8 A. No, not that I recall. Not that I recall.

9 I mean, if somebody is unprepared, it is
10 not like it is a -- it is not -- our fellowship
11 was very collaborative in the sense that if
12 somebody was not prepared for a presentation,
13 they would say, "Hey, I can't do it today,"
14 well, that is okay, "Pick another day. Or if
15 you are not prepared, let us know."

16 It is not that something is going to
17 happen if you don't come up with that
18 presentation. Of course it is not the greatest
19 thing, but it is not like you couldn't say you
20 had a reason to get out of something. We all
21 do, things come up.

22 Q. Do the fellows get vacation days?

23 A. Yes.

24 Q. So they are allowed to go on a vacation if they
25 plan it out?

1 A. I am sure, I had nothing to do with that, so I
2 don't know that.

3 Q. Did you ever have any discussions with
4 Dr. O'Donnell about doing any work or
5 performing any work while she was gone on
6 vacation? Do you recall that?

7 A. I don't specifically recall that.

8 Q. Now, when you are seeing patients sometimes
9 and, hopefully, patients will arrive on time
10 and in a perfect world they will arrive on time
11 and you can see them when you are supposed to?

12 A. They never do.

13 Q. Sometimes -- well, you know better than me,
14 sometimes they don't or a lot of times they
15 don't. Are you aware of any type of policy or
16 even just a practice for yourself, is there a
17 time limit, if a patient doesn't show up by a
18 certain time, does it go from, "Okay, I will
19 see them" versus "Okay, look, they are going to
20 have to reschedule because they were this
21 late"?

22 A. This is human, we are dealing with humans and
23 moms and kids here. We all have policies. The
24 hospital may have a policy of 20 minutes. So
25 but here is a mom, for example, who has driven

1 around in the parking lot for 15 minutes trying
2 to find a parking spot, so she came 25 minutes
3 late. Am I going to refuse to see her? No.

4 Q. What if they are an hour late?

5 A. It depends on the kid. I mean, in
6 endocrinology, I have had patients, believe me,
7 this is a hard thing in medicine, there is no
8 hard and fast thing. The other day somebody
9 came literally an hour late, like you said, an
10 hour late. I was ready to say, "I can't see
11 them."

12 But then my front desk told me, "You know
13 they drove two hours to come here, and they got
14 lost in traffic."

15 I get it. I am not going to tell them to
16 drive back two hours just because they came
17 late. It is part of what -- it is very
18 dependent. I mean, the hospital is not going
19 to say, "You have to see them."

20 But, then again, we don't go into medicine
21 because we always stick by these policies or
22 whatever. We serve.

23 Q. Do you ever recall a situation where you
24 instructed Dr. O'Donnell to see a patient who
25 was about an hour and a half late to their

1 scheduled visit?

2 A. I don't recall specifics.

3 Q. So you don't know whether that happened or not?

4 A. I don't know if it happened or not. People
5 come late, they get put in rooms late. It is
6 part of our normal life.

7 Q. Did you ever discuss research projects with
8 Dr. O'Donnell?

9 A. I was not her mentor.

10 Q. So is that no, you didn't?

11 A. I didn't precept any research projects with
12 her.

13 Q. Did you ever discuss any topics with her before
14 she might have --

15 A. I think we all --

16 Q. -- stayed on a project?

17 A. We all sort of -- that is also part of normal
18 fellowship where we get to know what our
19 fellows do. Say, "Hey, what is your interest?
20 What excites you? Where do you want to go?
21 Hey, this is a great research question. This
22 would make a fantastic research project."

23 Right?

24 So it is just a part of discussion. But
25 it doesn't mean we are saying, "That is your

1 and So. But that just shows that we are
2 working closely.

3 Q. Did you ever refer to Dr. O'Donnell as "Alison"
4 in front of patients?

5 A. I am sure I did.

6 Q. Did she ever express any displeasure with that?

7 A. No.

8 Q. Do you know someone or did you know a fellow or
9 a medical professional by the name of Alicia
10 Lowes?

11 A. Yes.

12 Q. What was Ms. Lowes -- is she a doctor?

13 A. Yes.

14 Q. What was her position? Was she a fellow?

15 A Yes

16 Q. Did you become aware at some point during
17 Dr. O'Donnell's fellowship that she made some
18 complaints about you?

19 MR. CAMPBELL: Who is "she,"
20 Lowes or O'Donnell?

21 MR. BEAN: Dr. O'Donnell

22 Q. That Rev. O'Donnell made complaints about you?

23 A. Not specifically no

24 Q Do you know who Julie Chester is?

25 A. So this complaint portion was when she was --

1 A. No.

2 (Plaintiff's Exhibit 11 was introduced for
3 identification.)

4 Q. I am handing you what I previously marked as
5 Exhibit 11. This is an e-mail from
6 Dr. O'Donnell to Julie Chester.

7 A. I don't know who is Julie Chester.

8 Q. I will represent to you she is an HR individual
9 at UH.

10 A. Okay.

11 Q. Just take a look at it. I am just going to ask
12 you about some of the content.

13 A. I was not aware of this.

14 Q. Okay. So you see that your name is mentioned
15 in this document, correct?

16 A. Yes, I do see that.

17 Q. And it looks like Dr. O'Donnell says, "While it
18 may be inconvenient for him," being Dr. Uli,
19 "to alter the schedule so that I do not work
20 with Dr. Narasimhan..."; is that correct?

21 A. Yes.

22 Q. "...Narasimhan, it does not sound to me like he
23 acknowledged the problem nor does he seem
24 interested in making it stop."

25 By this point, this is May of 2012 when

1 because she already says, "...it makes it
2 difficult for me to just shout out answers.
3 Therefore, I invite you to ask me more
4 questions."

5 So I said, "Oh, this is great. So that
6 means we can ask her questions. Maybe that is
7 the way to get her --" that is how I interpret
8 that e-mail as, "Therefore, I invite you to ask
9 me questions."

10 Q. Okay. So did you think her request -- I mean,
11 would you agree with me that in this e-mail she
12 is telling the faculty, "Look, these are some
13 issues that I think I am having. Here is why,
14 and here is my proposal to help fix it"?

15 A. She is basically saying, "Don't assume that
16 because I am silent that I am ignorant, but ask
17 me questions, and I will answer." That is what
18 I read from this.

19 Q. So, I mean, whether you read this now or
20 whether you read it then, did that seem like an
21 acceptable alternative that, okay, if she is
22 not -- maybe she is not going to be the first
23 one to shout out answers, but if we can ask her
24 questions, then that will be suitable?

25 A. Like an invitation to ask questions.

1 Q. So you were okay with that?

2 A. I was happy to ask her questions.

3 Q. Okay. When she says that "I plan to make more
4 than the required number of presentations," was
5 that something that she could do or was that
6 not feasible for her to do extra presentations?

7 A. I don't know what the required number of
8 presentations was. I don't know if there was
9 something finite, a required number.

10 Q. After receiving this e-mail, at any point did
11 you ever speak with her about whether or not
12 she could do additional presentations as a way
13 to show her knowledge or show her willingness
14 to participate?

15 A. Not that I recall.

16 Q. After you received this e-mail, do you recall
17 any conversation you had with the other faculty
18 members who were included on it about what is
19 in this e-mail?

20 A. I don't know if we had a meeting right after
21 that or anything. We had normal fellow review
22 meetings. And I remember very clearly we were
23 all very concerned about Dr. Matthews.

24 Q. Well, was there any -- I mean, you just said
25 that you would have been -- that you were

1 appointment?

2 A. They are not schedulers, so they shouldn't be
3 rescheduling. But sometimes if somebody
4 doesn't show up for an appointment, sometimes
5 we would call and say, "Hey, what happened
6 today? We missed you at the appointment." And
7 that is not -- that is normal. I do that all
8 the time sometimes.

9 Q. So would that be a fellow's job or would that
10 be a secretary/nurse, front desk person's type
11 of job to call a patient to reschedule them if
12 they missed an appointment?

13 A. There are two parts of that. One is call the
14 patient, the other is reschedule. Scheduling
15 is not a fellow's or an attending's job.

16 Q. What about --

17 A. We don't reschedule patients routinely.
18 Sometimes, if someone hasn't shown up, I will
19 call them and say, "Hey, you know --" Suppose
20 somebody it is really important for them to
21 come, for example a badly controlled diabetic,
22 or somebody on really important medicine, a
23 very young child, for example, some high-risk
24 situation.

25 If I don't see them in clinic, I get

1 party to your client, then you do it.

2 MR. BEAN: That is why I
3 marked it confidential anyway.

4 MR. CAMPBELL: Who marked it
5 confidential?

6 MR. BEAN: We did when we
7 produced it. I mean, we have a protective
8 order in this case, right?

9 So, I mean, obviously it would be subject
10 to that, anyway, but that is fine if we want to
11 err on the side of that, we don't have to make
12 it an exhibit on the record.

13 Q. I just want to ask you -- I don't even care
14 about the rest of this. I mean, I want to ask
15 you about: Is this your handwriting on the
16 sticky note?

17 A. Yes. And what I mean by that is patient did
18 not show --

19 Q. Hold on. I just want to ask you: This is your
20 handwriting, correct?

21 A. Yes.

22 Q. And you are telling Dr. O'Donnell that a
23 patient didn't show up and that you want
24 Dr. O'Donnell to call and follow up with the
25 patient?

On 6/4/2012, multiple people were sitting in the lunch room at Westlake clinic. Alison Matthews still had one chart left and it was around 12:15pm. Dr. Sumana Narasimhan was the one attending available eating her lunch and leafing through a magazine. Alison asked her to precept her diabetic chart. Dr. Sumana stated that Alison would have to find someone else. Alison replied that the other two attendings were busy. At that moment Dr. Sumana led Alison out of the lunch room. One of the nurses in the room asked, "Why won't Sumana precept Alison's patient? I have never seen that before!" A few minutes later, Dr. Sumana returned to her lunch and magazine.

Alicia Lowes
Alicia Lowes

Only heard Alison's side of the story

"Wanted to help out a friend" - so Alicia signed this document,



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